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## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Massachusetts Republican State Congressional Committee 85 Merrimac St. ADDRESS (number and street) Suite 400 Check if different than previously Boston MA 02114 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A ZIPCODE A CITY A IS THIS NEW **AMENDED** C00042622 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 06 0 1 2011 06 3 0 2011 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. **Brent Anderson** Type or Print Name of Treasurer Electronically Filed by Brent Anderson 08 16 2011 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

## SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Massachusetts Republican State Congressional Committee D D <sup>®</sup>D 06 0 1 2011 0.6 3 0 2011 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2011<sup>°</sup> 191359.55 January 1 (b) Cash on Hand at 64501.76 Begining of Reporting Period ..... 81230.53 250087.15 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 145732.29 441446.70 6(a) and 6(c) for Column B) ..... 63643.57 359357.98 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 82088.72 82088.72 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

## DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

м м 0 6 0 1 м°м 06 3 0 2011 2011 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 71080.53 139842.21 (i) Itemized (use Schedule A) ...... 9650.00 103939.94 (ii) Unitemized ..... (iii) TOTAL (add 80730.53 243782.15 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 500.00 6305.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 81230.53 250087.15 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ...... 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 81230.53 250087.15 12, 13, 14, 15, 16, 17, and 18(c)) ...... 20. Total Federal Receipts 81230.53 250087.15 (subtract Line 18(c) from Line 19) .....

FE6AN026

## DETAILED SUMMARY PAGE

of Disbursements

FEC. Form 3X (Rev. 02/2003) Page 4

FEC Form 3X (Rev. 02/2003)	00111221	Page 4
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:		1 2.3.100. 100. 10 200
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
Expenditures	63243.57	358957.98
(c) Total Operating Expenditures	20242.57	050057.00
(add 21(a)(i), (a)(ii) and (b))	63243.57	358957.98
Transfers to Affiliated/Other Party     Committees	400.00	400.00
3. Contributions to	400.00	700.00
Federal Candidates/Committeesand Other Political Committees	0.00	0.00
Independent Expenditure		222
(use Schedule E)	0.00	0.00
5. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
(use Schedule F)	3.00	0.00
26. Loan Repayments Made	0.00	0.00
. ,		
7. Loans Made	0.00	0.00
Refunds of Contributions To:     (a) Individuals/Persons Other	0.00	0.00
Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements	0.00	0.00
9. Other dispursements	0.00	0.00
0. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share		
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely		
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	63643.57	359357.98
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	63643.57	359357.98
from Line 31)	03043.37	308307.90

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5

III. Net Contributions/Operating Expenditures		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	81230.53	250087.15
4.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
85.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	81230.53	250087.15
6.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	63243.57	358957.98
7.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88.	Net Operating Expenditures (subtract Line 37 from Line 36)	63243.57	358957.98

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 48 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Massachusetts Republican State Cong	e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) CHARLES BAKER  Mailing Address 49 MONUMENT AVE  City SWAMPSCOTT  FEC ID number of contributing federal political committee.  Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For: Primary General Other (specify)	State Zip Code MA 01907-1947  C  Occupation INFORMATION REQUESTED PER E Aggregate Year-to-Date  1000.00	Date of Receipt    M
Full Name (Last, First, Middle Initial) CHARLES BATCHELDER  Mailing Address 33 BRADDOCK PARK  City BOSTON  FEC ID number of contributing federal political committee.  Name of Employer WYMAN STREET ADVISORS  Receipt For: Primary General Other (specify)	State Zip Code MA 02116-5816  C  Occupation MANAGING DIRECTOR  Aggregate Year-to-Date  1000.00	Date of Receipt  0 6 13 2011  Transaction ID: SA11.185394  Amount of Each Receipt this Period  1000.00  CONTRIBUTION
Full Name (Last, First, Middle Initial) ROBERT BEAL  Mailing Address 177 MILK ST  City BOSTON  FEC ID number of contributing federal political committee.  Name of Employer THE BEAL COMPANIES  Receipt For: Primary General Other (specify)	State Zip Code MA 02109-3404  C  Occupation REAL ESTATE  Aggregate Year-to-Date  5000.00	Date of Receipt  M M M / 20 / 20 1 1  Transaction ID: SA11.185452  Amount of Each Receipt this Period  4000.00  CONTRIBUTION
SUBTOTAL of Receipts This Page (optional)		6000.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 48 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
\ \ \	nny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
	Massachusetts Republican State Co	ngressionai C	ommittee	
Α.	Full Name (Last, First, Middle Initial) STEPHEN BINDER			Date of Receipt
	Mailing Address PO BOX 286			06 20 2011
	City	State	Zip Code	Transaction ID: SA11.185464
	LINCOLN	MA	01773-0286	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer BINDER CAPITAL ADVISORS, LLC	Occupation INVESTI		CONTRIBUTION
	Receipt For:  Primary General  Other (specify)	Aggregate	e Year-to-Date ▼ 1050.00	
— В.	Full Name (Last, First, Middle Initial) ANN BLACKHAM			Date of Receipt
	Mailing Address 60 SWAN RD			0 6 1 6 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11.185435
	WINCHESTER	MA	01890-3747	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer COLDWELL BANKER	_, .	STATE BROKER	CONTRIBUTION
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
_ С.	Full Name (Last, First, Middle Initial) SHAWN BURKE			Date of Receipt
	Mailing Address 65 TIBBETTS TOWN	N WAY		06 20 2011
	City	State	Zip Code	Transaction ID: SA11.185463
	CHARLESTOWN FEC ID number of contributing federal political committee.	C	02129-1609	Amount of Each Receipt this Period  100.00
	Name of Employer CITY OF BOSTON	Occupation REP ELE	on ECTION COMMISSIONER	CONTRIBUTION
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 445.00	
	SUBTOTAL of Receipts This Page (optional)	1		1600.00
	TOTAL This Period (last page this line number		<u> </u>	

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS  The properties of the such Reports and Section 1.15	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 48  (check only one)  X 11a 11b 11c 12  13 14 15 16 17
or	for commercial purposes, other than using the  NAME OF COMMITTEE (In Full)  Massachusetts Republican State Cong	name and ad	dress of any political committee to	or for the purpose of soliciting contributions o solicit contributions from such committee.
<b>∠</b> .	Full Name (Last, First, Middle Initial)  MARTHA CHADWICK  Mailing Address 1 AVERY ST  City  BOSTON	State MA	Zip Code 02111-1022	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee.  Name of Employer COMMONWEALTH OF MASSACHUSETTS  Receipt For:  Primary General Other (specify)	Occupation GOV'S S	n	250.00  CONTRIBUTION
В.	Full Name (Last, First, Middle Initial) MATTHEW CHRISTENSEN  Mailing Address 42 REGENT ST  City CAMBRIDGE  FEC ID number of contributing federal political committee.  Name of Employer ROSE PARK ADVISORS  Receipt For: Primary General Other (specify)		Zip Code 02140-2112  on DLIO MANAGER e Year-to-Date ▼ 5075.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
 C.	Full Name (Last, First, Middle Initial) THE JONES COMMITTEE  Mailing Address 249 PARK ST  City NORTH READING  FEC ID number of contributing federal political committee.  Name of Employer INFORMATION REQUESTED PER BEST EFFORTS  Receipt For: Primary General Other (specify)	State MA  C  Occupation COMMIT  Aggregate		Date of Receipt    M   M   20
s	SUBTOTAL of Receipts This Page (optional)			6250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 48 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Massachusetts Republican State Cong		on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JOHN DALTON, MD  Mailing Address 1157 HANCOCK ST  City QUINCY  FEC ID number of contributing federal political committee.  Name of Employer SELF-EMPLOYED  Receipt For: Primary General Other (specify)	State Zip Code MA 02169-4303  C  Occupation DOCTOR  Aggregate Year-to-Date  5300.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: SA11.185489  Amount of Each Receipt this Period  300.00  CONTRIBUTION
Full Name (Last, First, Middle Initial) JOHN DALTON, MD  Mailing Address 1157 HANCOCK ST  City QUINCY  FEC ID number of contributing federal political committee.  Name of Employer SELF-EMPLOYED  Receipt For: Primary General Other (specify)	State Zip Code MA 02169-4303  C  Occupation DOCTOR  Aggregate Year-to-Date   5300.00	Date of Receipt  M M / D D / Y Y Y Y Y Y  Transaction ID: SA11.185490  Amount of Each Receipt this Period  5000.00  CONTRIBUTION
Full Name (Last, First, Middle Initial) KEVIN DELBRIDGE  Mailing Address 10 ANDREA DR  City HOPKINTON  FEC ID number of contributing federal political committee.  Name of Employer HARBORVEST PARTNERS  Receipt For: Primary General Other (specify)	State Zip Code MA 01748-2027  C  Occupation FINANCIAL ANALYST  Aggregate Year-to-Date  10000.00	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
SUBTOTAL of Receipts This Page (optional)		15300.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 48 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
, C	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Massachusetts Republican State Con	gressional C	Committee	
Α.	Full Name (Last, First, Middle Initial) CHRISTOPHER EGAN			Date of Receipt
	Mailing Address 116 FLANDERS RD SUITE 2000			06 15 2011
	City WESTBOROUGH	State MA	Zip Code 01581-1072	Transaction ID: SA11.185419
	FEC ID number of contributing federal political committee.	C	01301-1072	Amount of Each Receipt this Period 5000.00
	Name of Employer CARRUTH CAPITAL	Occupation		CONTRIBUTION
	Receipt For:  Primary  General  Other (specify)	Aggregate	e Year-to-Date ▼ 5000.00	
В.	Full Name (Last, First, Middle Initial) RICHARD EVANS			Date of Receipt
	Mailing Address 5412 SOUTHERN HIL	LS DR		06 30 2011
	City	State	Zip Code	Transaction ID: SA11.185519
	FRISCO FEC ID number of contributing federal political committee.	C	75034-6860	Amount of Each Receipt this Period  250.00
	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		NATION REQUESTED PER I	CONTRIBUTION  BEST EFFORTS
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_ C.	Full Name (Last, First, Middle Initial) MADELEINE FLETCHER			Date of Receipt
	Mailing Address 155 GROVE ST			0 6 1 5 2 0 1 1
	City CAMBRIDGE	State MA	Zip Code 02138-1054	Transaction ID: SA11.185409  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	02100 1034	100.00
	Name of Employer RETIRED	Occupation RETIRE		CONTRIBUTION
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	
	SUBTOTAL of Receipts This Page (optional)			5350.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 48   (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  Massachusetts Republican State C	ongressional Co	ommittee	
Full Name (Last, First, Middle Initial) M. DOZIER GARDNER			Date of Receipt
Mailing Address 100 UPLAND RD			0 6 0 8 2 0 1 1
City BROOKLINE	State MA	Zip Code 02445-7737	Transaction ID: SA11.185366  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer RETIRED	Occupation RETIRED		CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) MARGARET GREEN			Date of Receipt
Mailing Address 1 BROOKDALE LN			0 6 3 0 Y Y Y Y Y
City	State MA	Zip Code	Transaction ID: SA11.185516
PEPPERELL  FEC ID number of contributing federal political committee.	C	01463-1400	Amount of Each Receipt this Period 250.00
Name of Employer INFORMATION REQUESTED PER	Occupation	TOTAL STEEL STEEL PER E	CONTRIBUTION  BEST EFFORTS
BEST EFFORTS  Receipt For:  Primary General  Other (specify) ▼	<del>- ' '</del>	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) WILLIAM HOFMANN			Date of Receipt
Mailing Address 223 RUTLEDGE RI	ס		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City BELMONT	State MA	Zip Code 02478-2632	Transaction ID: SA11.185353
FEC ID number of contributing federal political committee.	C	02470-2032	Amount of Each Receipt this Period 250.00
Name of Employer RETIRED	Occupation RETIRED		CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 250.00	
			1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 48 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Massachusetts Republican State Con	e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JEAN INMAN Mailing Address PO BOX 735  City STOUGHTON  FEC ID number of contributing federal political committee.  Name of Employer NECNE  Receipt For: Primary General Other (specify)	State Zip Code MA 02072-0735  C  Occupation EDUCATOR  Aggregate Year-to-Date   500.00	Date of Receipt  M M M D D D Z D 1 1  Transaction ID: SA11.185434  Amount of Each Receipt this Period  500.00  CONTRIBUTION
Full Name (Last, First, Middle Initial) STEPHEN JEFFRIES  Mailing Address 12 BRIMMER ST  City BOSTON  FEC ID number of contributing federal political committee.  Name of Employer S.B. JEFFRIES CONSULTANTS  Receipt For: Primary General Other (specify)	State Zip Code MA 02108-1002  C  Occupation PRESIDENT  Aggregate Year-to-Date   833.34	Date of Receipt  M M M O D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) JEANNE KANGAS  Mailing Address 959 HILL RD  City BOXBOROUGH  FEC ID number of contributing federal political committee.  Name of Employer ARNOLD & KANGAS, P.C.  Receipt For: Primary General Other (specify)	State Zip Code MA 01719-1012  C  Occupation LAWYER  Aggregate Year-to-Date   6350.00	Date of Receipt  M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .		1277.78

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 48 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  Massachusetts Republican State Co	I Statements may not be sold or used by any person the name and address of any political committee to an arrangement of the solution of the so	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) ROBERT KARAM Mailing Address 456 ROCK ST  City FALL RIVER  FEC ID number of contributing federal political committee.  Name of Employer KARAM FINANCIAL  Receipt For: Primary General Other (specify)	State Zip Code MA 02720-3343  C  Occupation PRESIDENT  Aggregate Year-to-Date  1000.00	Date of Receipt    M
Full Name (Last, First, Middle Initial) RONALD KAUFMAN Mailing Address 401 6TH ST SE  City WASHINGTON  FEC ID number of contributing federal political committee.  Name of Employer THE DUTKO GROUP  Receipt For: Primary General Other (specify)	State Zip Code DC 20003-2704  C  Occupation CONSULTANT  Aggregate Year-to-Date   1575.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: SA11.185488  Amount of Each Receipt this Period  1000.00  CONTRIBUTION
Full Name (Last, First, Middle Initial) MICHAEL J. KENNEALY Mailing Address 4 BRENT RD  City LEXINGTON  FEC ID number of contributing federal political committee.  Name of Employer SPECTRUM EQUITY  Receipt For: Primary General Other (specify)	State Zip Code MA 02420-1824  C  Occupation MANAGING DIRECTOR  Aggregate Year-to-Date   5000.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	· • • • • • • • • • • • • • • • • • • •	3000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 48 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Massachusetts Republican State Cor	Statements may not be sold or used by any persone name and address of any political committee to any political committee to any political committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  MICHAEL J. KENNEALY  Mailing Address 4 BRENT RD  City  LEXINGTON  FEC ID number of contributing federal political committee.  Name of Employer SPECTRUM EQUITY  Receipt For:  Primary General  Other (specify)	State Zip Code MA 02420-1824  C  Occupation MANAGING DIRECTOR  Aggregate Year-to-Date   5000.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 6 20 2011  Transaction ID: SA11.185453  Amount of Each Receipt this Period  4000.00  CONTRIBUTION
Full Name (Last, First, Middle Initial) BARBARA KRONCKE  Mailing Address 51 BAKER PL  City  NEWTON  FEC ID number of contributing federal political committee.  Name of Employer MCCARTER AND ENGLISH  Receipt For:  Primary General Other (specify)	State Zip Code MA 02462-1303  C  Occupation ATTORNEY  Aggregate Year-to-Date   5500.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) JOHN LAROSA  Mailing Address 273 ROSLINDALE A  City ROSLINDALE  FEC ID number of contributing federal political committee.  Name of Employer SELF  Receipt For: Primary General Other (specify)	State Zip Code MA 02131-3339  C  Occupation BUSINESS AND POLITICAL CONSUMAGGREGATE Year-to-Date  220.00	Date of Receipt  M M M O O O O O O O O O O O O O O O O
SUBTOTAL of Receipts This Page (optional)		9100.00

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 48 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for cor	mation copied from such Reports and St mmercial purposes, other than using the E OF COMMITTEE (In Full)	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Mass	sachusetts Republican State Cong	ressional Co	ommittee	
	ame (Last, First, Middle Initial) LUCKEN			Date of Receipt
	g Address 65 FELLSMERE RD			06 03 7 2011
City NEW	/TON	State MA	Zip Code 02459-1339	Transaction ID: SA11.185357  Amount of Each Receipt this Period
FEC I	D number of contributing al political committee.	С		1000.00
Name THE	of Employer CITIGROUP PRIVATE BANK	Occupation	BANKER	CONTRIBUTION
	pt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	
B. PETE	lame (Last, First, Middle Initial) R MALONE g Address 149 RANDOLPH AVE			Date of Receipt
	g Address 149 RANDOLPH AVE			06 01 2011
City MILT	-ON	State MA	Zip Code 02186-3524	Transaction ID: SA11.185339  Amount of Each Receipt this Period
FEC I	D number of contributing al political committee.	C	02100 0324	1000.00
Name CSP	of Employer CONSULTING, INC.	Occupation MANAGII	NG DIRECTOR	CONTRIBUTION
	pt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
	lame (Last, First, Middle Initial)  MARSTON			Date of Receipt
	g Address 90 BEACON ST #2			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11.185483
	D number of contributing al political committee.	C	02108-3324	Amount of Each Receipt this Period  100.00
Name RETI	of Employer RED	Occupation RETIRED		CONTRIBUTION
	pt For: Primary General Other (specify) ▼		Year-to-Date ▼ 460.00	
SUBTO	TAL of Receipts This Page (optional)			2100.00
	This Period (last page this line number of		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 48 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Massachusetts Republican State Con	gressional Committee	
Full Name (Last, First, Middle Initial)  JOHN MCDONNELL		Date of Receipt
Mailing Address 63 ATLANTIC AVE #7E	Olds 7's Ords	06 10 2011
City BOSTON	State Zip Code MA 02110-3713	Transaction ID: SA11.185387  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10000.00
Name of Employer PATRON SPIRITS COMPANY	Occupation COO	CONTRIBUTION
Receipt For:  Primary General	Aggregate Year-to-Date ▼	
Other (specify)	10000.00	
Full Name (Last, First, Middle Initial) ALBERT MERCK		Date of Receipt
Mailing Address 1010 WALTHAM ST APT 19 DO NOT MAIL		06 13 7 9 9 9
City LEXINGTON	State Zip Code MA 02421-8044	Transaction ID: SA11.185393
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  5000.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For:	Aggregate Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	5000.00	
Full Name (Last, First, Middle Initial) HENRY MEYER		Date of Receipt
Mailing Address P.O. BOX 149		06 01 2011
City WAKEFIELD	State Zip Code RI 02880-0149	Transaction ID: SA11.185338  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		15500.00
TOTAL This Period (last page this line number	·	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 48 (check only one)    X
A or	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	Massachusetts Republican State Cong	gressional C	ommittee	_
A.	Full Name (Last, First, Middle Initial) JOSEPH MILANO Mailing Address 9 ORCHARD LN			Date of Receipt
	City	State	Zip Code	0 6 0 2 2 0 1 1 Transaction ID: SA11.185351
	LYNNFIELD	MA	01940-1156	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer UNION OYSTER HOUSE	Occupation RESTAU	n IRANT OWNER	CONTRIBUTION
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
— В.	Full Name (Last, First, Middle Initial) MICHAEL MOTZKIN	1		Date of Receipt
	Mailing Address 410 SALEM ST #405		71.0	06 16 2011
	City	State	Zip Code	Transaction ID: SA11.185431
	WAKEFIELD  FEC ID number of contributing federal political committee.	C	01880-4900	Amount of Each Receipt this Period  50.00
	Name of Employer EMPIRE RECYCLING	Occupation SALES N	n MANAGER	CONTRIBUTION
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 225.00	
 С.	Full Name (Last, First, Middle Initial) ELIZABETH POWELL			Date of Receipt
	Mailing Address 109 EDMUNDS RD			0 6 2 0 Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11.185451
	WELLESLEY	MA	02481-2722	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00 CONTRIBUTION
	Name of Employer REIRED-DIAMOND MACHINING TECNOLOGY, I Receipt For:		n D-MANUFACTURER e Year-to-Date ▼	- GONTHIBOTION
	Primary General Other (specify)	Aggregate	250.00	]
[ s	SUBTOTAL of Receipts This Page (optional)			550.00
	OTAL This Period (last page this line number		·	

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 48 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or fo	information copied from such Reports and S r commercial purposes, other than using the IAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any personderss of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	Massachusetts Republican State Con	gressional C	Committee	
<b>A.</b> <u>B</u>	full Name (Last, First, Middle Initial)			Date of Receipt
_	Mailing Address 9 CHASKE AVE	Ctata	7: Od-	06 16 2011
	City NUBURNDALE	State MA	Zip Code 02466-1103	Transaction ID: SA11.185430  Amount of Each Receipt this Period
F	EC ID number of contributing ederal political committee.	C		500.00
N	lame of Employer INIVERSITY OF RHODE ISLAND	Occupation DEVELC		CONTRIBUTION
R	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
	ull Name (Last, First, Middle Initial) RONALD SKATES	1		Date of Receipt
N	Mailing Address 4 BOARDMAN AVE			06 09 7 2011
	City	State	Zip Code	Transaction ID: SA11.185378
F	MANCHESTER  EC ID number of contributing ederal political committee.	C	01944-1406	Amount of Each Receipt this Period  1000.00
N S	lame of Employer ELF-EMPLOYED	Occupation INVESTO		CONTRIBUTION
R	leceipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	ull Name (Last, First, Middle Initial) DIANNA SMITH			Date of Receipt
N _	Mailing Address 94 NEWBURY AVE #314			06 10 / Y Y Y Y Y
	city QUINCY	State MA	Zip Code 02171-1958	Transaction ID: SA11.185385  Amount of Each Receipt this Period
fe	EC ID number of contributing ederal political committee.	C		200.00
N B	lame of Employer MC	Occupation REGIST	n ERED NURSE	CONTRIBUTION
R	leceipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 305.00	
SUE	BTOTAL of Receipts This Page (optional)	1		1700.00
	TAL This Period (last page this line number		<u> </u>	

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 48 (check only one)    X   11a
C	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Massachusetts Republican State Con	gressional C	ommittee	
	Full Name (Last, First, Middle Initial) BRENDA SOUSSAN			Date of Receipt
	Mailing Address 1200 SALEM ST #192			06 15 2011
	City	State	Zip Code	Transaction ID: SA11.185410
	LYNNFIELD	MA	01940-1594	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer IDEA COUNSELORS	Occupation SALES	n	CONTRIBUTION
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) MIMI SUNDSTROM			Date of Receipt
	Mailing Address 66 ALLERTON RD			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11.185487
	MILTON	MA	02186-2119	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer GRAD STUDENT	Occupation GRAD S		CONTRIBUTION
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
_	Full Name (Last, First, Middle Initial) KARL THOBER			Date of Receipt
	Mailing Address 502 GROVE ST			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11.185365
	FRAMINGHAM	MA	01701-3719	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer RETIRED	Occupation RETIRE!		CONTRIBUTION
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		325.00	
Γ	SUBTOTAL of Receipts This Page (optional) .			700.00

PAGE 20 / 48 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee Full Name (Last, First, Middle Initial) KARL THOBER Date of Receipt A. Mailing Address 502 GROVE ST 06 15 2011 Zip Code City State Transaction ID: SA11.185413 **FRAMINGHAM** MA 01701-3719 Amount of Each Receipt this Period FEC ID number of contributing 100.00 C federal political committee. CONTRIBUTION Name of Employer RETIRED Occupation **RETIRED** Receipt For: Aggregate Year-to-Date Primary General 325.00 Other (specify) Full Name (Last, First, Middle Initial) В. CIT VENDOR FINANCE Date of Receipt Mailing Address 10201 CENTURION PKWAY N 06 10 2011 # 100 City State Zip Code Transaction ID: SA11.185386 **JACKSONVILLE** FL 32256-4114 Amount of Each Receipt this Period FEC ID number of contributing C 1052.75 federal political committee. CONTRIBUTION Name of Employer CIT VENDOR FINANCE Occupation **FINANCE** Receipt For: Aggregate Year-to-Date Primary General 1817.13 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	1152.75
TOTAL This Period (last page this line number only)	<b>•</b>	71080.53

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 48 (check only one)  11a 11b X 11c 12 13 14 15 16 17
Any information copied from such Reports and Stateme or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full)  Massachusetts Republican State Congression	onal Committee	
Full Name (Last, First, Middle Initial) PETERSON Mailing Address PO BOX 274  City	state Zip Code	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period  500.00  CONTRIBUTION
	gregate Year-to-Date ▼  500.00	

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	500.00
TOTAL This Period (last page this line number only)	<b>•</b>	500.00

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ago,, 11002102002			
SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only	NUMBER: PAGE 22 / 48 y one) 22 23 24 25 26
Any Information copied from such Reports and Statem		by any parson f	28a 28b 28c 29 30b
or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)  Massachusetts Republican State Congress	sional Committee		
Full Name (Last, First, Middle Initial) TIMOTHY BUCKLEY			Transaction ID: SB.146 Date of Disbursement
Mailing Address 55 W BROADWAY			$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & I & I \end{bmatrix}^{Y}$
City SOUTH BOSTON	State Zip Code MA 02127		Amount of Each Disbursement this Period
Purpose of Disbursement REIMBURSEMENT			193.94
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial)			Transaction ID: SB.160
BOWDOIN SQUARE EXXON			Date of Disbursement
Mailing Address 239 CAMBRIDGE ST			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & D \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & I & I \end{bmatrix} \ Y$
City BOSTON	State Zip Code MA 02114		Amount of Each Disbursement this Period
Purpose of Disbursement GAS/MILEGE			54.00
Candidate Name		Category/ Type	[MEMO ITEM]
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)		[ <b>_</b>
Full Name (Last, First, Middle Initial)			Transaction ID: SB.159
STAPLES			Date of Disbursement  O 6
Mailing Address 163 HIGHLAND AVE			06 02 2011
	State Zip Code MA 02494		Amount of Each Disbursement this Period
Purpose of Disbursement CAMERA CORD PURCHASE			21.24
Candidate Name		Category/ Type	MENO ITEM
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		[MEMO ITEM]
State: District:	Caron (opoonly)		
SUBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>	193.94

TOTAL This Period (last page this line number only) .....

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LIN	E NUMBER:	PAGE 23 / 48
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b	22 23 28a 28l	24 25 26 b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)  Massachusetts Republican State Congress	ional Committee			
Full Name (Last, First, Middle Initial) VERIZON PHONE  Mailing Address PO BOX 15062			Transaction Date of Disbu	
	State Zip Code NY 12212		Amount of Ea	ach Disbursement this Period
Purpose of Disbursement PHONE BILL			T L	118.70
Candidate Name		Category/ Type	 	M]
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)			
Full Name (Last, First, Middle Initial) Tim Buckley			Transaction Date of Disbu	rsement
Mailing Address 55 W Broadway #8			0 6 1	07 / 2011
,	State Zip Code MA 02127		Amount of Ea	ch Disbursement this Period
Purpose of Disbursement PAYROLL			T L	1083.01
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) TIMOTHY BUCKLEY			Transaction Date of Disbu	
Mailing Address 55 W BROADWAY #8			0 6 4	21 2011
	State Zip Code MA 02127		Amount of Ea	ach Disbursement this Period
Purpose of Disbursement PAYROLL				1083.01
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)			
State: District:	· · ·			
SUBTOTAL of Disbursements This Page (optional)		<u>►</u>		2166.02

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Use separate schedule(s)				NE NUMBER: PAGE 24 /							48			
ITEMIZED DISBURSEMENTS		category of the Summary Page		X			22 28a	_	23 28b	Н	24 28c	F	25 29	26 30b
Any Information copied from such Reports and Statements may not be sold or used by any person for commercial purposes, other than using the name and address of any political committee to so							the pu	rpos	e of s		ting co		outions	-
NAME OF COMMITTEE (In Full)  Massachusetts Republican State Congress	sional Com	nmittee												
Full Name (Last, First, Middle Initial)  AMANDA CODY  Mailing Address 73 ABBOTT AVENUE							Trans Date o		sburs	eme		Ž	0 Ĭ	Y
,	State MA	Zip Code 02149					Amou	nt of	Each	n Dis	burse	-	-	
Purpose of Disbursement REIMBURSEMENT - PHONE Candidate Name				ateg	ory/							1	30.54	
Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spec	General		- 71-	<u>-</u>									
Full Name (Last, First, Middle Initial) VERIZON PHONE  Mailing Address PO BOX 15062							Trans Date o		sburs	_			0 1	Y
,	State NY	Zip Code 12212					Amou	nt of	Each	n Dis	burse	men	t this I	Period
Purpose of Disbursement PHONE BILL Candidate Name				_	ory/							1	30.54	
Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spec	General		Тур	<del>-</del>	[	MEM	O 1 <sup>-</sup>	ГЕМ]	]				
Full Name (Last, First, Middle Initial) AMANDA CODY							Trans Date o	of Dis	sburs	eme	_	2		
Mailing Address 73 ABBOTT AVENUE							0 <sup>M</sup> 6	M /	DC	7	/	Ž	0 1 1	ľ
	State MA	Zip Code 02149					Amou	nt of	Each	n Dis	burse	-	-	
Purpose of Disbursement PAYROLL Condidate Name												9	40.05	
Candidate Name  Office Sought: House Disburse Senate President	ement For: Primary Other (spec	General		ateg Typ	ory/ e									
State: District:	_													
SUBTOTAL of Disbursements This Page (optional) .					<u> </u>		L.					10	70.59	)

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE N	
ITEMIZED DISBURSEMENTS	for each category of the  Detailed Summary Page	(check only o	one) ] 22
	Detailed Summary Fage	27	28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name	ents may not be sold or used be and address of any political co	by any person for ommittee to solic	r the purpose of soliciting contributions bit contributions from such committee
NAME OF COMMITTEE (In Full)  Massachusetts Republican State Congress	ional Committee		
Full Name (Last, First, Middle Initial)  AMANDA CODY			Transaction ID: SB.166 Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 73 ABBOTT AVENUE			06 21 2011
•	State Zip Code MA 02149		Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL		• •	940.05
Candidate Name	,	Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)	71-2	
State: District:	Other (specify)		
Full Name (Last, First, Middle Initial) AMANDA CODY			Transaction ID: SB.3 Date of Disbursement
Mailing Address 73 ABBOTT AVENUE			06 7 15 7 2011
•	State Zip Code MA 02149		Amount of Each Disbursement this Period
Purpose of Disbursement REIMBURSEMENT - POSTAL EXPENSES			15.62
Candidate Name		Category/ Type	
Senate President	ment For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) U.S. POSTAL SERVICE			Transaction ID: SB.153 Date of Disbursement
Mailing Address JFK STATION			06 / 15 / 2011
	State Zip Code MA 02114		Amount of Each Disbursement this Period
Purpose of Disbursement POST OFFICE SUPPLIES			15.62
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)	1,750	[MEMO ITEM]
State: District:	· · · · · · · · · · · · · · · · · · ·		
SUBTOTAL of Disbursements This Page (optional) .			955.67

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COUEDINE B (FFO Form OV)			
SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)	o and address of any pointed		
Massachusetts Republican State Congress	sional Committee		
Full Name (Last, First, Middle Initial) PATRICIA CONRADES			Transaction ID: SB.104 Date of Disbursement
Mailing Address 344 BEACON STREET			$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ O & T \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & T & T \end{smallmatrix} \end{bmatrix} $
City BOSTON	State Zip Code MA 02116		Amount of Each Disbursement this Period
Purpose of Disbursement REFUND DUE TO EXCESS CONTRIBUTION			2500.00
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President State: District:	ement For:  Primary  General  Other (specify)		
Full Name (Last, First, Middle Initial)			ID 00 00
MARK DEBLOIS			Transaction ID: SB.83  Date of Disbursement
Mailing Address 184 FOREST STREET			$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ O & T \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & T & T \end{smallmatrix} \end{bmatrix} $
City SHERBORN	State Zip Code MA 01770		Amount of Each Disbursement this Period
Purpose of Disbursement REFUND DUE TO EXCESS CONTRIBUTION		•	1000.00
Candidate Name		Category/ Type	
Senate President	ement For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) ANTONY FERRUCCI			Transaction ID: SB.14 Date of Disbursement
Mailing Address 62 DWIGHT STREET, A	PT 1		$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & D \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & 1 & 1 \end{smallmatrix} \end{bmatrix}$
City BROOKLINE	State Zip Code MA 02446		Amount of Each Disbursement this Period
Purpose of Disbursement REIMBURSEMENT - MILEAGE, PARKING, PHO	 ONE		432.10
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ement For:  Primary  General  Other (specify)	71-2	
State: District:	_ ·		
SUBTOTAL of Disbursements This Page (optional)			3932.10

C.

ago# 11002102001			
SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE (check only	NUMBER: PAGE 27 / 48 y one) 22 23 24 25 26
	Detailed Summary Page	27	28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)  Massachusetts Republican State Congress	sional Committee		
Full Name (Last, First, Middle Initial) BOWDOIN SQUARE EXXON			Transaction ID: SB.155 Date of Disbursement
Mailing Address 239 CAMBRIDGE ST			$\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} & \begin{smallmatrix} M \\ \end{smallmatrix} & \begin{bmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} & \begin{bmatrix} D \\ D \end{smallmatrix} & \begin{bmatrix} M \\ $
,	State Zip Code MA 02114		Amount of Each Disbursement this Period
Purpose of Disbursement GAS/MILEGE		· ·	342.10
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)		[MEMO ITEM]
Full Name (Last, First, Middle Initial)			Transaction ID: SB.156
LAZ PARKING			Date of Disbursement
Mailing Address 100 HIGH ST			06  0  0  0  0  0  0  0  0  0  0  0  0
,	State Zip Code MA 02110		Amount of Each Disbursement this Period
Purpose of Disbursement PARKING			30.00
Candidate Name		Category/ Type	[MEMO ITEM]
Senate President	ment For: Primary General Other (specify) ▼		
State: District: Full Name (Last, First, Middle Initial)			Transaction ID: SB.154
VERIZON PHONE			Date of Disbursement
Mailing Address PO BOX 15062			$\begin{bmatrix} 0 & 6 & M \\ 0 & 6 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & D \\ 0 & 2 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & 1 & 1 \\ 0 & 2 & 0 & 1 & 1 \end{bmatrix}$
	State Zip Code NY 12212		Amount of Each Disbursement this Period
Purpose of Disbursement PHONE BILL			60.00
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)	-	[MEMO ITEM]
State: District:			
SUBTOTAL of Disbursements This Page (optional) .		<b></b>	0.00

TOTAL This Period (last page this line number only) .....

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		INE NUMBER: PAGE 28 / 48									
ITEMIZED DISBURSEMENTS	for each category of the	(check only		24 25 26								
	Detailed Summary Page	X   210 27	22 23 28b	28c   29   30b								
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name												
NAME OF COMMITTEE (In Full)												
Massachusetts Republican State Congress	ional Committee											
Full Name (Last, First, Middle Initial) ANTONY FERRUCCI			<b>Transaction ID:</b> Solution Date of Disbursement									
Mailing Address 62 DWIGHT STREET, Al	PT 1		06 07	Ý 2011								
,	State Zip Code MA 02446		Amount of Each Disk	oursement this Period								
Purpose of Disbursement PAYROLL				916.77								
Candidate Name		Category/ Type										
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)											
State: District:												
Full Name (Last, First, Middle Initial) ANTONY FERRUCCI			Transaction ID: S Date of Disbursemen	nt								
Mailing Address 62 DWIGHT STREET, Al	PT 1		06 / 21	2011								
,	State Zip Code MA 02446		Amount of Each Disk	oursement this Period								
Purpose of Disbursement PAYROLL				916.77								
Candidate Name		Category/ Type										
Senate President	ment For: Primary General Other (specify)											
State: District:												
Full Name (Last, First, Middle Initial) DORIS HEARTY			Transaction ID: S Date of Disbursemen	nt								
Mailing Address 27 SILVER HILL ROAD			$\begin{bmatrix} 0^M 6^M \end{bmatrix} / \begin{bmatrix} 0 0 7 \end{bmatrix}$	2011								
•	State Zip Code MA 02493		Amount of Each Disk	oursement this Period								
Purpose of Disbursement REFUND DUE TO EXCESS CONTRIBUTION				5000.00								
Candidate Name		Category/ Type										
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼											
State: District:	·											
SUBTOTAL of Disbursements This Page (optional) .				6833.54								

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	NUMBER: PAGE 29 / 48
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the nan			
NAME OF COMMITTEE (In Full)  Massachusetts Republican State Congres			
Full Name (Last, First, Middle Initial) NATHAN LITTLE			Transaction ID: SB.164 Date of Disbursement
Mailing Address 83 CONGREVE			0 6 M / 0 7 / 2 0 1 1 Y
City W ROXBURY	State Zip Code MA 02132		Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL	02102		2199.96
Candidate Name		Category/ Type	
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial) NATHAN LITTLE			Transaction ID: SB.168 Date of Disbursement
Mailing Address 83 CONGREVE			$ \begin{bmatrix} M & M \\ 0 & 6 \end{bmatrix}  \begin{bmatrix} D & D \\ 2 & 1 \end{bmatrix}  \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y &$
City W ROXBURY	State Zip Code MA 02132		Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL			2191.73
Candidate Name		Category/ Type	
Senate President	ement For: Primary General Other (specify) ▼		
State: District: Full Name (Last, First, Middle Initial)			Transaction ID: SB.90
MELISSA LUCAS			Date of Disbursement
Mailing Address 22 SLAYTON RD			$ \begin{bmatrix} M & M \\ 0 & 6 \end{bmatrix}  \begin{bmatrix} D & D \\ 0 & 2 \end{bmatrix}  \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y &$
City MELROSE	State Zip Code MA 02176		Amount of Each Disbursement this Period
Purpose of Disbursement Fund-raisint CONSULTING- Party Only			2500.00
Candidate Name		Category/ Type	
Senate President	ement For:  Primary General Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional)			6891.69

C.

SCHEDULE B (FEC Form 3X)	FOR LINE I		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only	22 23 24 25 26
Any Information copied from such Reports and Statem			
or for commercial purposes, other than using the name	e and address of any political of	committee to soli	cit contributions from such committee
NAME OF COMMITTEE (In Full)  Massachusetts Republican State Congress	sional Committee		
Full Name (Last, First, Middle Initial) MELISSA LUCAS			Transaction ID: SB.91 Date of Disbursement
Mailing Address 22 SLAYTON RD			$\begin{bmatrix} 0 & 6 & M \end{bmatrix} / \begin{bmatrix} 0 & 3 & 0 \\ 0 & 4 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & 1 & 1 \\ 0 & 2 & 0 & 1 & 1 \end{bmatrix}$
•	State Zip Code MA 02176		Amount of Each Disbursement this Period
Purpose of Disbursement Fund-raising CONSULTING- Party Only			2557.00
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President State: District:	ment For:  Primary General  Other (specify)		
Full Name (Last, First, Middle Initial)			Transaction ID: SB.75
JENNIFER NASSOUR  Mailing Address 49 CHELSEA STREET			Date of Disbursement  O 6 15 2011
,	State Zip Code MA 02129		Amount of Each Disbursement this Period
Purpose of Disbursement REIMBURSEMENT - CAMPAIGN SOFTWARE			950.00
Candidate Name		Category/ Type	
Senate President	ment For: Primary General Other (specify)		
State: District: Full Name (Last, First, Middle Initial)			Tunnacation ID: CD 157
CMDI			Transaction ID: SB.157 Date of Disbursement
Mailing Address 7704 LEESBURG PIKE			06
	State Zip Code VA 22043		Amount of Each Disbursement this Period
Purpose of Disbursement CAMPAIGN SOFTWARE PAYMENT			950.00
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)	71	[MEMO ITEM]
State: District:	•		
SUBTOTAL of Disbursements This Page (optional) .			3507.00

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В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only X 21b 27	one) 22 23 24 25 26 28a 28b 28c 29 30l
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)  Massachusetts Republican State Congress	ional Committee		
Full Name (Last, First, Middle Initial) AMERICAN EXPRESS			Transaction ID: SB.7 Date of Disbursement
Mailing Address P.O. BOX 1270			$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G & M \end{smallmatrix} & \begin{smallmatrix} D & D & D \\ O & G & G & M \end{smallmatrix} & \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & 1 & 1 & Y \end{bmatrix}$
	State Zip Code NJ 07101		Amount of Each Disbursement this Period
Purpose of Disbursement CC PROCESSING FEE Candidate Name		Category/	20.89
	ment For: Primary General Other (specify)	Type	
Full Name (Last, First, Middle Initial) AUTHORIZE.NET			Transaction ID: SB.16 Date of Disbursement
Mailing Address P.O. BOX 8999			06 7 02 7 2011
,	State Zip Code CA 94128		Amount of Each Disbursement this Period 5.00
CC PROCESSING FEES Candidate Name		Category/ Type	
Office Sought:  Senate President State:  Disburse	ment For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial) AUTHORIZE.NET			Transaction ID: SB.17 Date of Disbursement
Mailing Address P.O. BOX 8999			$\begin{bmatrix} 0 & 6 & M \\ 0 & 6 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & D \\ 0 & 0 & 2 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y$
SÁN FRANCISCO	State Zip Code CA 94128		Amount of Each Disbursement this Period
Purpose of Disbursement CC PROCESSING FEES Candidate Name		Category/	20.00
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)		
SUBTOTAL of Disbursements This Page (optional) .			45.89
TOTAL This Period (last page this line number only)			

C.

SCHEDULE B (FEC Form 3X)	FOR LINE	NUMBER:	PAGE 32/48	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one) ] 22	24 25 26
	Detailed Summary Page	27	28a 28b	28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name	e and address of any political of	by any person fo committee to soli	or the purpose of solicit cit contributions from s	ting contributions such committee
NAME OF COMMITTEE (In Full)  Massachusetts Republican State Congress	sional Committee			
Full Name (Last, First, Middle Initial)			Transaction ID: S	B.18
AUTHORIZE.NET			Date of Disburseme	nt
Mailing Address P.O. BOX 8999			06 0 2	2011
•	State Zip Code CA 94128		Amount of Each Dis	bursement this Period
Purpose of Disbursement CC PROCESSING FEES		0 0		15.00
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)	.,,,,,		
State: District:				
Full Name (Last, First, Middle Initial) BANK OF AMERICA\FLEET BANK			Transaction ID: S Date of Disburseme	-
Mailing Address PO BOX 25118			06 01	2011
•	State Zip Code FL 33622		Amount of Each Dis	bursement this Period
Purpose of Disbursement CC PROCESSING FEE				49.99
Candidate Name		Category/ Type		
Senate President	ment For: Primary General Other (specify)			
State: District: Full Name (Last, First, Middle Initial)				
BANK OF AMERICA\FLEET BANK			Transaction ID: S Date of Disburseme	nt
Mailing Address PO BOX 25118			06 01	2011
	State Zip Code FL 33622		Amount of Each Dis	bursement this Period
Purpose of Disbursement CC PROCESSING FEE				74.99
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)			
State: District:	• • •			
SUBTOTAL of Disbursements This Page (optional)				139.98

C.

SCHEDULE B (FEC Form 3X)	Harris and the delication	FOR LINE	NUMBER: PAGE 33 / 48
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the nan			
NAME OF COMMITTEE (In Full)	, p		
Massachusetts Republican State Congres	sional Committee		
Full Name (Last, First, Middle Initial) BANK OF AMERICA\FLEET BANK			Transaction ID: SB.22 Date of Disbursement
Mailing Address PO BOX 25118			$ \begin{bmatrix} 0 & 6 & M \\ 0 & 6 & M \end{bmatrix} $ $ \begin{bmatrix} 0 & 0 & 1 \\ 0 & 1 & M \end{bmatrix} $ $ \begin{bmatrix} 0 & 0 & 1 \\ 0 & 1 & M \end{bmatrix} $ $ \begin{bmatrix} 0 & 0 & 1 \\ 0 & 0 & 1 \end{bmatrix} $
City TAMPA	State Zip Code FL 33622		Amount of Each Disbursement this Period
Purpose of Disbursement CC PROCESSING FEE			25.00
Candidate Name		Category/ Type	
Senate President	ement For:  Primary General  Other (specify) ▼		
State: District: Full Name (Last, First, Middle Initial)			
BFSDANIELS			Transaction ID: SB.24 Date of Disbursement
Mailing Address 12 CHANNEL STREET			$\begin{bmatrix} \begin{smallmatrix} M & 6 & M \\ 0 & 6 & M \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 0 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{smallmatrix} \end{bmatrix} $
City BOSTON	State Zip Code MA 02210		Amount of Each Disbursement this Period
Purpose of Disbursement LINCOLN REAGEN INVITATIONS AND POST			76.50
Candidate Name		Category/ Type	
Senate President	ement For:  Primary General  Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial) BLUE CROSS BLUE SHIELD			Transaction ID: SB.27 Date of Disbursement
Mailing Address PO BOX 371318			$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & T \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & T \end{bmatrix} \ Y$
City PITTSBURGH	State Zip Code PA 15250		Amount of Each Disbursement this Period
Purpose of Disbursement STAFF HEALTH INSURANCE			579.60
Candidate Name		Category/ Type	
Office Sought: House Disburs Senate President	ement For:  Primary  Other (specify)	. 760	
State: District:			
SUBTOTAL of Disbursements This Page (optional)			681.10

C.

SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE NU	ne)
	Detailed Summary Page	X 21b 27	22     23     24     25     26       28a     28b     28c     29     30b
Any Information copied from such Reports and Stateme or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)  Massachusetts Republican State Congression	onal Committee		
Full Name (Last, First, Middle Initial) BOWDITCH & DEWEY			Transaction ID: SB.30 Date of Disbursement
Mailing Address 310 MAIN STREET PO B	OX 15156		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ I & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ I & I & I \end{smallmatrix} \end{bmatrix} $
	State Zip Code MA 01615		Amount of Each Disbursement this Period
Purpose of Disbursement LEGAL SERVICES	I		1000.00
Candidate Name		Category/ Type	
	nent For: Primary General Other (specify)	Nr	
Full Name (Last, First, Middle Initial)			Transaction ID: SB.32
Mailing Address PO BOX 51896			Date of Disbursement  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•	State Zip Code MA 02205		Amount of Each Disbursement this Period
Purpose of Disbursement WEB SERVER MONTHLY HOSTING FEE			100.00
Candidate Name		Category/ Type	
President	nent For: Primary General Other (specify)		
State: District: Full Name (Last, First, Middle Initial)			Transaction ID: SB.35
CHARLESTOWN SELF STORAGE			Date of Disbursement
Mailing Address 50 TERMINAL ST			$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ & 2 & O & I & I \end{bmatrix}^Y$
	State Zip Code MA 02129		Amount of Each Disbursement this Period
Purpose of Disbursement STORAGE	Г		327.00
Candidate Name		Category/ Type	
	nent For: Primary General Other (specify)		
State: District:	· · · · · ·		
SUBTOTAL of Disbursements This Page (optional)			1427.00

C.

SCHEDULE B (FEC Form 3X)		NE NUMBER: PAGE 35 / 48										
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(	check o	nly one)	1							
	Detailed Summary Page		21b 27	22 28a	23 28b	24 28c	Н	25 29	Н	26 30b		
Any Information copied from such Reports and Statem			y persor	for the pu	outions	;						
or for commercial purposes, other than using the name	e and address of any political	comm	ittee to s	solicit contr	ibutions f	rom such	comr	nittee				
NAME OF COMMITTEE (In Full)  Massachusetts Republican State Congress												
Full Name (Last, First, Middle Initial) CMDI				Date	of Disburs							
Mailing Address 7704 LEESBURG PIKE				0 6	M / D	16 /	ž	0 1 1	¥			
•	State Zip Code VA 22043			Amou	nt of Eac	h Disburse	-			d		
Purpose of Disbursement COMPUTER SOFTWARE BILL							.9	50.00	)			
Candidate Name			egory/ /pe									
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)											
Full Name (Last, First, Middle Initial) COPY COP					of Disburs		)					
Mailing Address 12 CHANNEL ST				06 7 07 7 2011								
•	State Zip Code MA 02215			Amou	nt of Eac	h Disburse	emen	t this f	Perio	d		
Purpose of Disbursement EVENT INVITATIONS: PARTY ONLY							1	32.81				
Candidate Name			egory/ /pe									
Senate President	ement For: Primary General Other (specify)											
State: District: Full Name (Last, First, Middle Initial)				Tuene	ID	N OD 40						
DIRECT MAIL SYSTEMS				Date of	of Disburs			Y	Y			
Mailing Address 12450 AUTOMOBILE BC				0 <sup>M</sup> 6		21 /		0 1 1				
	State Zip Code FL 33762			Amou	nt of Eac	h Disburse				d		
Purpose of Disbursement DIRECT MAIL EXPENSE							13	20.00	)			
Candidate Name			egory/ /pe									
Senate President	ement For: Primary General Other (specify)											
State: District:												
SUBTOTAL of Disbursements This Page (optional) .			. <b>•</b>				240	02.81				

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SCHEDULE B (FEC Form	Use separate schedule(s) for each category of the			FOR LINE			NE NUMBER: PAGE 36 / 48 only one)									
ITEMIZED DISBURSEMEN'	15		Summary Page	1 -	X	-	Á	22 28a		23 28b		24 28c		25 29		26 30b
Any Information copied from such Reports or for commercial purposes, other than using															S	
NAME OF COMMITTEE (In Full)  Massachusetts Republican State Congressional Committee																
Full Name (Last, First, Middle Initial)  ELAVON  Mailing Address ONE CONCOURSE PARKWAY								Transaction ID: SB.46 Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
SUITE 300A		State	Zip Code					Δμοιι	nt o	f Each	ı D	isburse	man	t thic	Pario	
AŤLANTA		GA	30328					Amou	111 0	Laci		isbuisc	-	-		
Purpose of Disbursement CC PROCESSING FEE Candidate Name				Cat	to	gory/					•		1	02.60	J	
						pe pe										
Office Sought:  House Senate President State:  District:	Disburser	ment For: Primary Other (spe	General cify) ▼													
Full Name (Last, First, Middle Initial) FEDEX								Date	of D	isburs	em					
Mailing Address P.O. BOX 3714	6						06 02 2011									
City PITTSBURGH		State PA	Zip Code 15250746					Amou	nt o	f Each	n D	isburse	emen	t this	Perio	od
Purpose of Disbursement SHIPPING														56.12	2	
Candidate Name						gory/ pe										
Office Sought:  House Senate President State:  District:	Disburser	nent For: Primary Other (spe	General cify) ▼													
Full Name (Last, First, Middle Initial)												SB.59	)			
FEDEX  Mailing Address P.O. BOX 3714	6							Date of	of D		em 2 1		´ ž	0 Ť	1 Y	
City		State	Zip Code					Amou	nt o	f Fach	ı D	isburse	men	t this	Perio	
PÍTTSBURGH		PA	15250746										-	15.1		
Purpose of Disbursement SHIPPING											•		-	19.1		
Candidate Name						gory/ pe										
Office Sought: House Senate President	Disburser	nent For: Primary Other (spe	General cify) ▼													
State: District:			•													
SUBTOTAL of Disbursements This Page	(optional)												1	73.89	9	

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SCHEDULE B (FEC Form 3X)	Use separate schedule(	c)			E NUMBE	R:		P	AGE	37 /	48			
ITEMIZED DISBURSEMENTS	for each category of the	´	Ò		nly one)					1 05				
	Detailed Summary Page	;	X	21b 27	22 28a	Н	23 28b	24 28c	$\vdash$	25 29	30	ob		
Any Information copied from such Reports and Statem											s	٦		
or for commercial purposes, other than using the name	e and address of any politic	al com	nmitte	ee to s	solicit cont	ribut	ions fr	om such	comi	mittee		_		
NAME OF COMMITTEE (In Full)  Massachusetts Republican State Congress	sional Committee													
Wassachusetts Hepublican State Gongres.	sional Committee													
Full Name (Last, First, Middle Initial)								: SB.63	}					
FEDEX						_		ement	v · \	, · · ·	V			
Mailing Address P.O. BOX 37146					06 06 23 7 2011									
	State Zip Code	`			Amou	unt o	f Each	Disburse	emer	nt this I	Period			
PITTSBURGH Purpose of Disbursement	PA 15250746	) 								48.01	 I	1		
SHIPPING						•	-		0					
Candidate Name			atego	-										
Office Occasion Theorem 1			Туре	e										
Office Sought: House Disburse Senate	ement For:    Primary   General	I												
President	Other (specify) ▼	-												
State: District:														
Full Name (Last, First, Middle Initial)								: SB.67	7					
FEDEX					Date 	of D		ement	Y \	/ · · · ·	Y			
Mailing Address P.O. BOX 37146					0 6		2	24	2	01	1			
City PITTSBURGH	State Zip Code PA 15250746	3			Amou	unt o	f Each	Disburse	emer	nt this I	Period	_		
Purpose of Disbursement SHIPPING		T			Ţ L.					48.01	1			
Candidate Name			atego Type	-										
Office Sought: House Disburse	ement For:		ı ypc		-									
Senate	Primary General	l												
President State: District:	Other (specify)													
State: District:  Full Name (Last, First, Middle Initial)					T	200	ion ID					_		
FEDEX								: SB.68 ement	5					
Mailing Address P.O. BOX 37146					0 <sup>M</sup> 6	М	/ D 3	3 O /	2	01	1			
	State Zip Code				Amou	unt o	f Each	Disburse	emer	nt this I	Period	—		
PITTSBURGH	PA 15250746	3				-		• • •		45.45	-	1		
Purpose of Disbursement SHIPPING			*		L.					15.17				
Candidate Name			atego Type											
	ement For:	-	71:											
Senate President	Primary General Other (specify)	l												
State: District:	Culei (Specily)													
										44 47	` .	1		
SUBTOTAL of Disbursements This Page (optional)					L.					11.19	,	1		

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE		PAGE 38 / 48
TEMIZED DISBURSEMENTS	for each category of the	(check only	Tone) ☐ 22	24 25 26
	Detailed Summary Page	27	28a 28b	28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)  Massachusetts Republican State Congress	ional Committee			
,				
Full Name (Last, First, Middle Initial) ICONTACT			Transaction ID: S Date of Disbursemen	nt
Mailing Address 5221 PARAMOUNT PAR	KWAY		06 03	Y 2011
•	State Zip Code NC 27560		Amount of Each Disk	bursement this Period
Purpose of Disbursement EMAIL BLAST EXPENSE				149.00
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial) INTUIT QB ONLINE			Transaction ID: S Date of Disbursemen	
Mailing Address 2700 COAST AVENUE			06 06	2011
•	State Zip Code CA 94943		Amount of Each Disl	bursement this Period
Purpose of Disbursement ACCOUNTING SYSTEM FEE				37.13
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial) KAUPPI COMMUNICATIONS			Transaction ID: S Date of Disbursemen	nt
Mailing Address PO BOX 152			06 / 14	2011
•	State Zip Code MA 01472		Amount of Each Disk	bursement this Period
Purpose of Disbursement PUBLIC RELATIONS CONSULTING-MAY				3000.00
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)			
State: District:				
SUBTOTAL of Disbursements This Page (optional) .		<b>.</b>		3186.13

C.

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SC	CHEDULE B	3 (FEC Form 3X)	Use sepa	arate schedule(s)	FOR LINE	-	PAGE 39 / 48		
T	EMIZED DIS	BURSEMENTS	for each	category of the (	(check only	-	и П <sub>от</sub> П	00	
			Detailed 9	Summary Page	X 21b 27		$\square$	26 30b	
		d from such Reports and poses, other than using th							
$\rangle$	NAME OF COMM Massachusetts	IITTEE (In Full) Republican State Cor	ngressional Con	nmittee					
	, .	First, Middle Initial)				Transaction ID: SB	-		
	KONICA MINO	LTA PREMIER FINAN	ICE			Date of Disbursement			
	Mailing Address	PO BOX 790448				0 6 1 4	<sup>Y</sup> 2011		
	City ST LOUIS		State MO	Zip Code 63179-0-44		Amount of Each Disbu	ursement this Period	_	
	Purpose of Disbur	rsement					1052.75		
	Candidate Name				Category/ Type				
	Office Sought:	House Di	sbursement For:		Турс				
		Senate	Primary	General					
	State:	President District:	Other (spe	сіту) 🔻					
	Full Name (Last, F	First, Middle Initial)				Transaction ID: SB			
	KONICA MINO	LTA PREMIER FINAN	ICE			Date of Disbursement			
	Mailing Address	PO BOX 790448				06 / 15	2011		
	City		State	Zip Code		Amount of Each Disbu	ursement this Period		
	ST LOUIS Purpose of Disbur	reament	МО	63179-0-44			1817.13	٦	
	COPIER SERVIC							_	
	Candidate Name				Category/ Type				
	Office Sought:	House Di	sbursement For: Primary	General					
		President	Other (spe						
	State:	District:							
		First, Middle Initial) OWN PLAZA HOTEL				Transaction ID: SB Date of Disbursement			
	Mailing Address	320 WASHINGTON	N ST			06 27	2011		
	0''			7' 0 1					
	City NEWTON		State MA	Zip Code 02458		Amount of Each Disbu	irsement this Period	_	
	Purpose of Disbur	rsement TEE MEETING ROOM F	EE				1660.76		
	Candidate Name				Category/ Type				
	Office Sought:		sbursement For:						
		Senate President	Other (spe	General					
	State:	District:	Outer (spe	<b>~</b> y) ▼					
<u> </u>	URTOTAL SCREET	ursements This Page (ont	sianal)				4530.64	ī	
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	F	OR LIN	R LINE NUMBER: PAGE 40 / 4				48					
ITEMIZED DISBURSEMENTS	for each category of the	1_(0	check o	nly o	,	$\overline{}$		_			امد		
	Detailed Summary Page	×	21b 27	Н	22 28a	Н	23 28b	$\vdash$	24 28c	$\vdash$	25 29	$\mathbf{\square}$	26 30b
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or for commercial purposes, other than using the name	and address of any political	l commi	ittee to	solici	t contr	ibut	ions fr	om	such o	comr	nittee		
NAME OF COMMITTEE (In Full)													
Massachusetts Republican State Congressi	ional Committee												
Full Name (Last, First, Middle Initial)							-	-	SB.93				
MERCHANTS BANKCARDS					Date	of D м	isburs	eme	_	, · v	, v	V	
Mailing Address 1700 N DIXIE HIGHWAY					0 6	IVI	້(	ว รั	ľ	2	0 1	1	
	State Zip Code FL 33432				Amou	nt o	f Each	n Dis	sburse	men	t this	Period	_
Purpose of Disbursement CC PROCESSING FEE		_				_				.1	77.4	5	
Candidate Name		Cate											
President	ment For: Primary General Other (specify)		<u> </u>										
State: District:													
Full Name (Last, First, Middle Initial) MERCHANTS BANKCARDS				,	Date	of D	isburs	eme					
Mailing Address 1700 N DIXIE HIGHWAY					0 <sup>M</sup> 6	М	<sup>/</sup> D	3	/ \	ž	0 1	1 Y	
	State Zip Code FL 33432				Amou	nt o	f Each	n Dis	sburse	men	t this	Period	_
Purpose of Disbursement CC PROCESSING FEE		ľ			L.						57.4	5	_
Candidate Name		Cate Ty											
	nent For: Primary General Other (specify) ▼												
Full Name (Last, First, Middle Initial) OMNI SECURITY SYSTEMS, INC.					Trans		-	-	SB.96				
Mailing Address PEARSON PLAZA, PO Bo	OX 879					M		2 1		Ž	0 1	1 Y	
						_							
	State Zip Code MA 01922				Amou	nt o	t Eacr	ı Dı	sburse	-			
Purpose of Disbursement ALARM SYSTEM SERVICE CALL		•			<u></u>						90.00	J	_
Candidate Name		Cate Ty	gory/ pe										
President	nent For: Primary General Other (specify) ▼												
State: District:													_
SUBTOTAL of Disbursements This Page (optional)			<u> </u>							3	24.90	)	
TOTAL This Period (last page this line number only) .			•										

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Y USE SEPARATE SCHEDULE(S) I / .T.					NE N	UMBE	R:		PAGE 41 / 48							
ITEMIZED DISBURSEMENTS	for each cate Detailed Sur			X 21b 27	Á	22 28a	$ldsymbol{\sqcup}$	23 28b	2 2	4 8c		25 29	26 30b			
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name													s			
NAME OF COMMITTEE (In Full)																
Massachusetts Republican State Congress																
Full Name (Last, First, Middle Initial) OX-EYE PROPERTIES					Trans Date	of Dis	burse	ement	.100							
Mailing Address C/O TRIAD LC 117 SOUTH 14TH ST. S						0 <sup>M</sup> 6	M /	<sup>D</sup> 0	<sup>D</sup> 2	Y	ž	0 1 ·	1			
		ip Code 23219				Amou	int of	Each	Disbu	irser	-	nent this Period				
Purpose of Disbursement OFFICE RENT							-				4	82.07	7			
Candidate Name				tegory/ ype												
Office Sought: House Disburse Senate President	ment For: Primary Other (specify	General  /) ▼														
State: District:																
Full Name (Last, First, Middle Initial) OX-EYE PROPERTIES						Trans Date		burse	_	.10	1					
Mailing Address C/O TRIAD LC 117 SOUTH 14TH ST. S							06 / 21 / 2011									
•		ip Code 23219		Amount of					unt of Each Disbursement this Period							
Purpose of Disbursement RENT			Category/ Type			4434.00					0					
Candidate Name																
Office Sought: House Disburse Senate President	ment For: Primary Other (specify	General  /) ▼														
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Full Name (Last, First, Middle Initial) OX-EYE PROPERTIES							of Dis	burse	ement	.99						
Mailing Address C/O TRIAD LC 117 SOUTH 14TH ST. S						0 <sup>M</sup> 6	M /	<sup>D</sup> 0	2 /	Y	ž	0 1 ·	1			
RICHMOND		ip Code 23219				Amou	int of	Each	Disbu	irser			Period			
Purpose of Disbursement UTILITIES						L.	-				4	82.07				
Candidate Name				tegory/ ype												
Office Sought: House Disburse Senate President	ment For: Primary Other (specify	General √) ▼														
State: District:																
SUBTOTAL of Disbursements This Page (optional) .				▶	,		<u>.</u>			-	539	98.14	1			

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE (check only	
II LIVIIZED DISBURSEIVIEN 13	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the nan		by any person for	or the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	aa address of any political	331111111100 10 301	S. S
Massachusetts Republican State Congres	sional Committee		
Full Name (Last, First, Middle Initial) PAYRIGHT PAYROLL SERVICES			Transaction ID: SB.107 Date of Disbursement
Mailing Address 468 GREAT ROAD			$ \begin{bmatrix} M & M \\ 0 & M \end{bmatrix}  \begin{bmatrix} D & D & D \\ 0 & 7 \end{bmatrix}  \begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix} $
City ACTON	State Zip Code MA 01720		Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL TAXES			1922.29
Candidate Name		Category/ Type	
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial) PAYRIGHT PAYROLL SERVICES			Transaction ID: SB.108 Date of Disbursement
Mailing Address 468 GREAT ROAD			$ \begin{bmatrix} 0 & 6 & M \\ 0 & 6 & M \end{bmatrix} $ $ \begin{bmatrix} 0 & 0 & 0 \\ 0 & 7 & M \end{bmatrix} $ $ \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 1 \end{bmatrix} $ $ \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 1 \end{bmatrix} $
City ACTON	State Zip Code MA 01720		Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL SERVICE FEE			41.60
Candidate Name		Category/ Type	
Senate President	ement For:  Primary General  Other (specify) ▼		
State: District: Full Name (Last, First, Middle Initial)			
PAYRIGHT PAYROLL SERVICES			Transaction ID: SB.109 Date of Disbursement
Mailing Address 468 GREAT ROAD			$\begin{bmatrix} M & 6 & M \\ 0 & 6 & M \end{bmatrix} / \begin{bmatrix} D & D \\ 2 & 1 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix}$
City ACTON	State Zip Code MA 01720		Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL SERVICE FEE			41.60
Candidate Name		Category/ Type	
Senate President	ement For: Primary General Other (specify)	71	
State: District:			
SUBTOTAL of Disbursements This Page (optional)			2005.49

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SCHEDULE B (FEC Form 3X)		FORLINE	NUMBER: DACE 40 / 40
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE (check only	
II LIMILLO DIODONOLIVILINI S	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name	nents may not be sold or used e and address of any political	d by any person for	or the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
Massachusetts Republican State Congres	sional Committee		
Full Name (Last, First, Middle Initial) PAYRIGHT PAYROLL SERVICES			Transaction ID: SB.110 Date of Disbursement
Mailing Address 468 GREAT ROAD			$\begin{bmatrix} 0 & 6 & M \\ 0 & 6 & M \end{bmatrix}$ $\begin{bmatrix} 0 & 2 & 1 \\ 0 & 2 & 1 \end{bmatrix}$ $\begin{bmatrix} 0 & 1 & 1 \\ 0 & 2 & 1 & 1 \end{bmatrix}$
City ACTON	State Zip Code MA 01720		Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL TAXES			1911.81
Candidate Name		Category/ Type	
Office Sought: House Disburs Senate President	ement For:  Primary General  Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) PAYRIGHT PAYROLL SERVICES			Transaction ID: SB.112 Date of Disbursement
Mailing Address 468 GREAT ROAD			$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ D & D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} Y & Y & Y & Y \\ D & D & D & D \end{smallmatrix} \end{bmatrix}$
City ACTON	State Zip Code MA 01720		Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL SERVICE FEE		* *	41.60
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ement For:  Primary General  Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) PAYRIGHT PAYROLL SERVICES			<b>Transaction ID:</b> SB.114 Date of Disbursement
Mailing Address 468 GREAT ROAD			$\begin{bmatrix} \begin{smallmatrix} M & 6 & M \\ 0 & 6 & M \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 1 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{smallmatrix} \end{bmatrix} \   $
City ACTON	State Zip Code MA 01720		Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL TAXES			1911.81
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ement For:  Primary General  Other (specify)		
State: District:			
SURTOTAL of Dichursements This Page (optional)			3865.22

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE I (check only	
		27	28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)  Massachusetts Republican State Congress	ional Committee		
Full Name (Last, First, Middle Initial) PLAQUEMAKER COM			Transaction ID: SB.128 Date of Disbursement
Mailing Address 289 BUSINESS PK DR			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & J \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & J \end{bmatrix} \ Y $
•	State Zip Code IN 46040		Amount of Each Disbursement this Period
Purpose of Disbursement EVENT AWARD: PARTY ONLY			62.69
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
POLAND SPRING			Transaction ID: SB.131 Date of Disbursement
Mailing Address P.O. BOX 856192			06 7 21 7 2011
•	State Zip Code KY 40285619		Amount of Each Disbursement this Period
Purpose of Disbursement BOTTLED WATER			36.54
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	nent For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) PROLAB EXPRESS			Transaction ID: SB.133 Date of Disbursement
Mailing Address 3525 LOUSMA DR SE			06 7 20 7 2011
	State Zip Code MI 49548		Amount of Each Disbursement this Period
Purpose of Disbursement PHOTOGRAPHY PURCHASE			12.34
Candidate Name	'	Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		
State: District:	Caror (openity)		
SUBTOTAL of Disbursements This Page (optional) .		<b>&gt;</b>	111.57

TOTAL This Period (last page this line number only) .....

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)				OR LIN			:		PA	PAGE 45/48				
ITEMIZED DISBURSEMENTS	for each	category of the Summary Page	_	<u> </u>	(check o	Ĺ.	e) 22 [	23		<u></u>		25	<u> </u>	3	
	<u> </u>		[		27		28a	28	-	28c		29	30	)b	
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name													8		
NAME OF COMMITTEE (In Full)															
Massachusetts Republican State Congress	sional Con	nmittee													
Full Name (Last, First, Middle Initial)						Т	ransa	ction	ID:	SB.13	6			_	
SHERATON BOSTON HOTEL							Date of	_			, , ,	,	V		
Mailing Address 39 DALTON ST							0 <sup>M</sup> 6 M	] [	<sup>D</sup> 2	22 /	2	0 1 ·	l <sup>*</sup>		
	State	Zip Code				1	Amoun	t of E	ach	Disburse	mer	nt this I	Period	_	
BOSTON  Purpose of Disbursement	MA	02199				- [		-			71	20.19	)		
EVENT rental, food & drink - PARTY ONLY				0				-				20.10			
Candidate Name					gory/ oe										
	ement For:														
Senate   President	Primary Other (spe	General													
State: District:	Other (spe	(City) ₩													
Full Name (Last, First, Middle Initial)						т	ransa	ction	ID:	: SB.13	8			_	
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Mailing Address STAPLES CREDIT PLAN	N						0 <sup>M</sup> 6 <sup>M</sup>		<sup>D</sup> 0	2 /	Ź	0 1 ·	ľ		
•	State	Zip Code				1	Amoun	t of E	ach	Disburse	mer	nt this	Period	_	
DES MOINES  Purpose of Disbursement	IA	50368902		_		- [	, i				1	14.50	)		
OFFICE SUPPLIES														1	
Candidate Name					gory/ oe										
ÿ	ement For:														
Senate   President	Primary Other (spe	General													
State: District:	Other (spe	City) \													
Full Name (Last, First, Middle Initial)						т	ransa	ction	ID:	: SB.13	9			_	
STAPLES							Date of	Disb	urse	ement					
Mailing Address STAPLES CREDIT PLAN	١						0 <sup>M</sup> 6	] ′ [	<sup>D</sup> 2	27	Ź	2 0 1 ·	l		
	State	Zip Code				1	Amoun	t of E	ach	Disburse	mer	nt this I	Period	_	
DES MOINES	IA	50368902				- 1		•				14.0			
Purpose of Disbursement OFFICE SUPPLIES								-				14.0			
Candidate Name					gory/ oe										
	ement For:														
Senate   President	Primary Other (spe	General													
State: District:	Journal (She	5011 <b>y)</b> ₩													
· · · · · · · · · · · · · · · · · · ·														_	
SUBTOTAL of Disbursements This Page (optional)											76	48.70	)		

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SCHEDULE B (FEC Form 3X)		FOR LINE 1	JI IMBER:	PAGE 46 / 48
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	X 21b 27	22 23 28a 28b	24 25 26 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name	ents may not be sold or used	by any person fo	r the purpose of solicit	ing contributions
NAME OF COMMITTEE (In Full)	s and address of any political t	COMMITTIELE TO SOM	Cit Continuations from s	uch committee
Massachusetts Republican State Congress	ional Committee			
Full Name (Last, First, Middle Initial) THE UNION CLUB OF BOSTON			<b>Transaction ID:</b> S Date of Disbursemen	-·· · <del>-</del>
Mailing Address 8 PARK STREET			06 15	2011
•	State Zip Code MA 02108		Amount of Each Disl	oursement this Period
Purpose of Disbursement EVENT Room Rental - PARTY ONLY		•		1977.36
Candidate Name		Category/ Type		
Senate President	ment For: Primary General Other (specify)			
State: District:  Full Name (Last, First, Middle Initial)				D 440
THE UNION CLUB OF BOSTON			Transaction ID: S Date of Disbursemen	-
Mailing Address 8 PARK STREET			06 15	Y 2011
City BOSTON	State Zip Code MA 02108		Amount of Each Disl	oursement this Period
Purpose of Disbursement EVENT food and beverage - PARTY ONLY				420.09
Candidate Name		Category/ Type		
Senate President	ment For: Primary General Other (specify) ▼			
State: District: Full Name (Last, First, Middle Initial)				
THE UNION CLUB OF BOSTON			Transaction ID: S Date of Disbursemen	nt
Mailing Address 8 PARK STREET			06 15	Ý 2011
	State Zip Code MA 02108		Amount of Each Disk	oursement this Period
Purpose of Disbursement EVENT Room Rental - PARTY ONLY				2397.45
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)			
State: District:	· · · · · · · · · · · · · · · · · · ·			
SUBTOTAL of Disbursements This Page (optional)				4794.90

В.

# **SCHEDULE B (FEC Form 3X)**

President

District:

FOR LINE NUMBER: PAGE 47/48 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee Full Name (Last, First, Middle Initial) Transaction ID: SB.148 U.S. POSTAL SERVICE- PERMIT FEE WINDOW Date of Disbursement 0 2 0 6 2011 Mailing Address **BOSTON PERMIT FEE WINDOW** PO BOX 5 City Zip Code State Amount of Each Disbursement this Period **BOSTON** MA 02205 190.00 Purpose of Disbursement **BOSTON PERMIT RENEWAL** Candidate Name Category/ Type Office Sought: House Disbursement For: General Senate Primary Other (specify) President State: District: Full Name (Last, First, Middle Initial) Transaction ID: SB.151 **VERIZON PHONE** Date of Disbursement 07 0 6 2011 Mailing Address PO BOX 1100 City State Zip Code Amount of Each Disbursement this Period **ALBANY** 12250-0000 NY 655.47 Purpose of Disbursement OFFICE TELEPHONE EXPENSE Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General

SUBTOTAL of Disbursements This Page (optional)	•	845.47
TOTAL This Period (last page this line number only)	<b>•</b>	63243.57

Other (specify)

State:

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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full)  Massachusetts Republican State Cong		THINKING TO SOICH CONTRIBUTIONS FROM SUCH CO	THINKE
	Full Name (Last, First, Middle Initial)  MASSACHUSETTS REPUBLICAN PAI  Mailing Address 85 MERRIMAC ST.	RTY	Transaction ID: SB.87 Date of Disbursement  M M M / D D D / Y	2 0 1 1 °
	City BOSTON Purpose of Disbursement Transfer to State Candidate Name	State Zip Code MA 02114	Amount of Each Disburserr  Category/ Type	ent this Period 400.00
	Office Sought:    House   Disbuscies     Senate   President     State: District:	ursement For: Primary General Other (specify)	Raytheon \$400	

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	400.00
TOTAL This Period (last page this line number only)	•	400.00